

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee 720 Strategies LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 29 / 2016		
Mailing Address 1111 19th St NW			Amount 850.00		
City Washington	State DC	Zip Code 20036-3603	Transaction ID : E7ACE7389EF974627826		
Purpose of Expenditure Online Ad Costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Dave P. Joyce		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 14 State: OH
Calendar Year-To-Date Per Election for Office Sought		18470.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Meath Media Group			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 29 / 2016		
Mailing Address 4441 Klinge St., NW			Amount 17200.00		
City Washington	State DC	Zip Code 20016-3578	Transaction ID : E65B7AD74046C498596A		
Purpose of Expenditure Online video production costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Dave P. Joyce		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 14 State: OH
Calendar Year-To-Date Per Election for Office Sought		18470.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	18050.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM / DD / YYYY
03 / 01 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 29 / 2016		
Mailing Address 430 N Michigan Ave			Amount 420.00		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E07A802CB81794600933		
Purpose of Expenditure Consulting Services		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Dave P. Joyce		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 14 State: OH
Calendar Year-To-Date Per Election for Office Sought		18470.00	Disbursement For: <input checked="" type="checkbox"/> Primary 2016 <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	420.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	18470.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael McGrew

[Electronically Filed]

Date

MM / DD / YYYY
03 / 01 / 2016

Signature